

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019660

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 5 1962

Primary Registration District No.

Registrar's No.

104

VS 300
Rev. 4/591 0700
2 0700,

3

4 0

5 1

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7 1

8 0

9 153.8

10

11

12 90-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNLength of stay in lb
2 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

near New Florence

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Montgomery

c. CITY OR TOWN New Florence

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.R. #2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Neely Leonidas Moore4. DATE OF DEATH
Month Day Year
May 29, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-24-1902 59

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Maben, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Norman Moore

13b. MOTHER'S MAIDEN NAME

Sally Bell

14. NAME OF HUSBAND OR WIFE

Anna B. Lehotcky

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Neely Moore

Address

R.R. #2
New Florence, Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

METASTATIC CARCINOMA OF LIVER

INTERVAL BETWEEN
ONSET AND DEATH

6 MONTHS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PRIMARY CARCINOMA OF COLON

1 YEAR

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from FEB 3 - 1962 to MAY 29 - 1962 and last saw him alive on MAY 29 - 1962
Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Att. Van Arsdale D.D.

22b. ADDRESS

Montgomery City, Mo.

22c. DATE SIGNED

5-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-31-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

F.W. Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.

5/29-1962

26. REGISTRAR'S SIGNATURE

Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Hickling

Licensed Embalmer No.

3897

P. O. Address

Warrenton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.